

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213533903			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SHARE, INCORPORATED</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DONALD J FRICKEL 1155 OLD GATE COURT MCLEAN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: 01230457</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: C/O VICOR KIMM 1109 CARPER STREET</p> <p style="text-align: center;">CITY/ST/ZIP: MCLEAN, VA 22101</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: VICTOR KIMM TITLE: PRESIDENT ADDRESS: 1107 CARPER STREET CITY/ST/ZIP/CO: MCLEAN, VA 22101 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: VICTOR KIMM TITLE: PRESIDENT ADDRESS: 1107 CARPER STREET CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: Ursula Guerrieri TITLE: TREASURER ADDRESS: 1100 Brook Valley DR CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	Allen Jackson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO Box 303		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	Irv Auerbach	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8633 Overlook RD		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	Donald Frickel	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1155 Old Gate CT		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	Diane Morrison	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 Walden DR		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	Bonnie O	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7424 Eldorado ST		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	John Finn	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6709 Melrose DR		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	Anne Buttarazzi	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7912 Lysander CT		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	Madeline Mocko	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 Clarendon BLVD		
CITY/ST/ZIP/CO:	Apt 304 Arlingron, VA 22209		
NAME:	Katherine Sue	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4738 Kandel CT		
CITY/ST/ZIP/CO:	Annandale, VA 22003		
NAME:	Carol Triplett	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2150 Kings Garden Way		
CITY/ST/ZIP/CO:	Falls Church, VA 22043		
NAME:	Therese Dyer-Kaplan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	902 Countryside CT		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		

NAME:	Eva Sereghy	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1620 Oak LN		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	Mary Helen Malow	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9110 Streamview LN		
CITY/ST/ZIP/CO:	Vienna, VA 22182		
NAME:	Michelle Shaw	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	675 Potomac River RD		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	Teri Bennett	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	930 Shetland CT		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	Harry McAlpine, Jr	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7207 Warbler LN		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	Randy Glanz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1013 Galium CT		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	Polly Baughan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11431 Fairfax DR		
CITY/ST/ZIP/CO:	Great Falls, VA 22066		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Donald Frickel	Donald Frickel, DIRECTOR	7/22/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			